

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5	4					
6	1					
7	1					
8	1					
9	1					
10	1					
11	2					
12	1					
13	1					
14	2					
15	2					
16	2					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	6					
24						
25						
26						
27						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	31	←	↓	←	↓	←
TOTAL CLAIMS	35					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		←	↓	←	↓
TOTAL CLAIMS					